COMMISSION ON MENTAL HEALTH AND DEVELOPMENTAL SERVICES

APRIL 18, 2003

VIDEO TELECONFERENCE MEETING LOCATIONS

KINKEAD BUILDING, 505 EAST KING STREET, ROOM 103, CARSON CITY
AND
SPECIAL CHILDREN'S CLINIC, 1161 SOUTH VALLEY VIEW, CONFERENCE ROOM,
LAS VEGAS

MINUTES

COMMISSIONER PRESENT AT THE CARSON CITY LOCATION:

Gretchen Greiner, Ed.D.

COMMISSIONERS PRESENT AT THE LAS VEGAS LOCATION:

David Ward, Chair Eric Albers, Ph.D. Johanna Fricke, M.D. Joan McCraw, MSN, FNP Rena Nora, M.D. Elizabeth Richitt, Ph.D.

COMMISSIONER ABSENT:

John Brailsford, Ph.D. – excused

CALL TO ORDER

Chair Ward called the meeting to order at 9:12 A.M.

APPROVAL OF MINUTES

The following amendments were made to the February 7, 2003 minutes: Page 3, 1st paragraph, 2nd line, ...Also, those completing the survey *will receive* [received] a free copy of the...; Page 7, 6th paragraph, 2nd line, ...representative from *Medicaid* [Medicare] will present to the Commission...

MOTION: Dr. Nora moved to approve the February 7, 2003 minutes as amended, seconded by Dr. Richitt. The motion passed unanimously.

PUBLIC COMMENT:

A consumer expressed concern that experienced, qualified medical staff are needed at the hospital. He felt that two nurses and one doctor are necessary. He stated that he

had encountered problems with attempting to fill his medication prescription, wrong information in his file, and obtaining proper instructions for his medications.

Chair Ward thanked the consumer for bringing his issues to the Commission.

MHDS BUDGET UPDATE

Jennifer Kizer, Administrative Service Officer IV for MHDS, stated that MHDS presented their biennial budget proposals to the Legislature on February 17 for Mental Health and March 13 for Developmental Services. The closing budgets hearings are scheduled for April 22 for Developmental Services and April 28 for Mental Health. Ms. Kizer stated SB 408, which allows for supplemental appropriations for Rural Clinics (who have a revenue shortfall this current fiscal year) was heard by the Senate Finance Committee and passed on April 15th, a date has not yet been scheduled for the Assembly Ways and Means Committee.

Upon questioning by Dr. Albers, Ms. Kizer stated that the Southern Nevada Hospital continues to be included in the budget. Dr. Brandenburg stated that the hospital has a potential opening date of January 2006.

GRANT FOR SERVICES TO VICTIMS OF DOMESTIC VIOLENCE

Chris Graham, Victim/Trauma Services Specialist for the Division of Child and Family Services, stated that the Domestic Violence Grants are funded from \$20 out of the fee for every marriage license sold in Nevada and \$5 out of the fee charged by the Justices of the Peace and Commissioners of Civil Marriages for performing a marriage ceremony, beginning July 1, 2003. It is estimated that \$2.9 million in revenue will be generated and distributed between July 1, 2003 and June 30, 2004. NRS 217.400-460 establishes this fund and sets the criteria for the not for profit corporations. These entities must be incorporated for the sole purpose of providing services to victims of domestic violence. Currently sixteen entities are funded and seventeen entities are recommended for funding in the next funding cycle. Each successful applicant must be non-profit, agree to confidentiality, provide for a 24/7 hot line and make every effort to advocate for victims in seeking counseling and other services. Applicants in locations with larger populations must provide shelter and food. The governing Board of each organization must represent the make up of the community and must include survivors of domestic violence.

Mr. Graham stated that DCFS announces the availability of the funds, seeks applications, and conducts pre-application conferences. The applications are screened by DCFS for completeness and compliance with the NRS. Written grant awards are presented to each successful applicant for a period of three years. Occasionally there are controversies with multiple applicants within one county. DCFS has taken the position to allow the competing programs to work cooperatively to mutually acceptable funding in the county. The current three-year funding cycle is July 1, 2003 through June 30, 2006.

Mr. Graham stated that DCFS performs a dual monitoring role. A contractor is employed to visit one third of the grantees in each of the three years in the funding

cycle. This person conducts an audit of the fiscal policy, procedures and oversight functions of the organization. DCFS Central Office staff conduct program site visits each year to a number of grantees. This is a comprehensive review of policy, procedure and includes staff interviews.

Mr. Graham submitted the total funding by program for Commission review. Mr. Graham reviewed the process to allocate funds to the various agencies.

Safe House in Clark County stated that this funding is critical for the continuation of services and programs. Safe House serves approximately 65,000 victims a year. Dr. Nora stated that she has received positive feedback on these programs.

Upon questioning, Mr. Graham stated that no specific entity representing Native Americans applied for the grant. However, all of the programs include components to serve the Native American population and have Native Americans on staff.

Upon questioning by Dr. Albers, Mr. Graham reviewed the monitoring process used by DCFS to ensure and evaluate the impact of the funding and programs.

Chair Ward stated that NRS provides for the Commission to review and approve the distribution of funds presented by DCFS.

MOTION: Dr. Albers moved to request information from the Deputy Attorney General regarding the Commission's role and responsibility in the grant process, seconded by Commissioner McCraw. The motion passed unanimously.

Dr. Richitt questioned whether the programs performed satisfaction surveys.

Joanie Kizer, Committee to Aid Abused Women, stated that they perform weekly evaluations on consumers in the emergency shelter, quarterly evaluations of transitional housing residents and random evaluations at the protection office. Ms. Kizer stated that they believe in consumer response and the programs are adjusted based upon responses.

Safe Nest stated that a house meeting is held every night in the shelters, exit interviews are conducted with individuals leaving the program; they rate the different components of the program, and follow-ups with the client occur at six weeks, six months and one year.

Safe House performs evaluations of clients, exit interviews with transition clients, and follow-ups. Follow-ups can be difficult due to the transient nature of the client population. Safe House is very concerned about quality and ensure that clients have input regarding services.

Dr. Albers questioned if there was a composite state report on how the programs are performing.

Sue Miskey, Executive Director of the Nevada Network Against Domestic Violence, stated that 13 of the 17 programs are member programs of her agency. They work with

the programs to provide a bi-annual peer review process by an outside reviewer and allow for the opportunity to provide relevant technical assistance and training on issues of concern or need in different communities. As a result they have developed numerous educational materials and are working on packets on substance abuse in domestic violence and on children and the impact of domestic violence on children. Ms. Miskey stated that they are constantly evaluating services and evaluating the needs of the consumer. Ms. Miskey stated that they do not submit a formal annual report, but would be willing to work with the Division on developing and presenting an annual report to the Commission. Ms. Miskey stated that the programs are doing incredible work with limited resources.

ACTION: Dr. Brandenburg stated that the Commission might want to consider directing DCFS to require grant recipients to submit an annual report to the Commission.

MOTION: Dr. Nora moved that the Commission request DCFS to provide an annual quality assurance report from grant recipients, at the February Commission meeting each year, seconded by Dr. Fricke. The motion passed unanimously.

Chair Ward clarified that the questions raised by the Commission do not reflect a lack of confidence in the agencies, but rather a desire for the Commission to have a better understanding of the procedures and actions of the agencies.

MOTION: Dr. Richitt moved to approve the budgets presented by Chris Graham and DCFS, seconded by Dr. Nora. The motion passed unanimously.

CRISIS CALL CENTER/SUICIDE PREVENTION RESOURCE COORDINATION TASK FORCE UPDATE

Stacy Heiser stated that she and another staff member would be attending the American Association of Suicideology Conference in Santa Fe. There will also be a special conference, in conjunction with the conference, relative to crisis centers. This will allow access to research regarding suicide and information about crisis centers and how better to operate the centers. Ms. Heiser stated that the Center has 18 new volunteers on the line. Ms. Heiser stated that the Center is offering two public awareness and fundraising opportunities. On April 26, "Operation Free Fall" will be held as part of the rape crisis services. This is a sky dive to raise money and awareness about sexual assaults. During Suicide Prevention Week in May, the Center will hold the 2nd Annual Hike for Hope Event to include a running segment.

Dr. Nora reported that the Suicide Resource Coordination Task Force has finalized the Suicide Resource Directory. Dr. Nora thanked Dr. Crowe for his help in completing the Directory. Dr. Nora stated that the directory was a result of a survey about half of the 173 surveys were returned). The Directory provides an alphabetical listing of all resource providers including name, address, telephone, fax, e-mail and types of services.

Dr. Nora stated that the results of the survey and recommendations from the Task Force are included at the back of the Directory. Dr. Nora stated that approximately 35% of the providers listed provide free services. She stated that there was a need for

services and improvement of services for individuals 18 and under and 65 and above. The Resource Directory will be distributed statewide.

Dr. Nora stated that the Suicide Resource Coordination Task Force has been active for the past eight months and will now come to an end. Dr. Nora stated that this Task Force could be resurrected based on need and legislation.

Dr. Brandenburg stated that the Division is in the process of finalizing the cover letter for the Resource Directory that will be sent to all stakeholders within the next week. Dr. Brandenburg stated that copies of the Resource Directory and the report are on the Division's website and can be downloaded and printed for distribution (http://mhds.state.nv.us).

Chair Ward expressed appreciation for the work accomplished by the Task Force. Chair Ward stated that the Resource Directory is a positive sign of Commissioner leadership and work.

MENTAL HEALTH PLANNING ADVISORY COUNCIL REPORT – LEGISLATIVE ADVOCACY SUMMARY

Andrew Zeiser, Administrative Consultant for the Mental Health Planning Advisory Council, reported that the Council's legislative advocacy and monitoring efforts are continuing under the direction of Jenita Rodriguez, Chair of the Legislative Committee. Ms. Rodriguez has been working hard to track key legislation, provide information to Council members, and advocate at hearings. Mr. Zeiser stated that he would provide, to the Commission's Secretary, the summary of Ms. Rodriguez work for review.

Mr. Zeiser stated that the Center for Mental Health Services (CMHS) has released preliminary information indicating that Nevada will receive an increase of approximately \$425,000 for the block grant for federal fiscal year 2003, bringing the total to 3,279,098. Based on the established funding split, these new grant funds will be divided as follows: MHPAC – 5% - \$21,275; DCFS – 60% - \$242,535; and MHDS – 40% - \$161,690. Currently, both the Council and DCFS are discussing proposed expenditures for the new funds. MHDS has completed an initial proposal, which includes the following: one full-time and one half-time Clinical Program Planner to provide support to the MHDS Planning and Evaluation Unit; part-time fiscal assistance staff; contracted support to help the Division come into compliance with the Health Insurance Portability and Accountability Act (HIPAA); support for the annual MHDS Service Coordination Conference; and operating supplies.

Mr. Zeiser reported that the Council's Executive Committee recently met to address concern with one of the consumer services subgrants awarded in FY 2003 and to plan for upcoming meetings. The next proposed meeting date is June 23, 2003, and during this meeting the Council will hear reports from the FY 2003 consumer services subgrant recipients and finalize the request for proposal for FY 2004 subgrants. The next meeting date has been proposed for August 5, 2003, to be held in conjunction with the MHDS Service Coordination Conference. During this meeting, the Council will make funding decisions for the FY 2004 consumer services subgrants and approve a final draft of the CMHS Block Grant due in September.

Alyce Thomas stated that in conjunction with the MHDS Service Coordination Conference, the Mental Health Planning Advisory Council would host a reception. Ms. Thomas informed the Commission to expect an invitation for this reception in August.

Ms. Thomas stated the written report from the Block Grant Monitoring of May 21-23, 2002, has been received and will be distributed to Commissioners.

Ms. Thomas stated that Judge Wendy Cooley was elected as the new Vice Chair of the Council.

ACTION: Dr. Brandenburg stated that the Block Grant Reports would be mailed out to Commissioners.

CONSUMER SERVICES ASSISTANCE PROGRAM UPDATE

Ms. Thomas stated interviews would be held in June to fill the last of the seven Consumer Services Assistant (CSA) positions. This position will be located in Carson City Rural Clinics with a start date of July 1, 2003.

Ms. Thomas stated that the CSA Program is continuing to undergo new and exciting changes and in an effort to provide more direct support/care to clients some staff changes have been enacted. The CSAs at NNAMHS will be working in new roles to provide direct services. Barbara Jackson will be working with the Psychosocial Rehabilitation (PSR) program to facilitate support groups such as: Depression Discussion Group; Medication Group; and a Newsletter Group. Ms. Jackson will also be working with consumers on facilitating peer-to-peer support groups such as the biweekly, peer-run group "Our Time." This is a consumer-lead support group to plan outings for social rehabilitation. Joe Tyler has begun work to provide direct services to clients through the Programs for Assertive Community Treatment (PACT) Team. He will be working in the community along with PACT team staff to help bring a consumer's perspective to the team. Mr. Tyler will also be attending the weekly outings with consumers.

Ms. Thomas stated that the Consumer's Corner section of the MHDS Website is growing with additional pages being added. Ms. Thomas stated that they are open to any suggestions that the Commission may offer. The Consumer Services Coordinator has held one town meeting in the southern region to obtain input from consumers on the website. Additional town meetings will be held in the northern and rural areas. Staff believes it is important to build the consumer website with the type of information most helpful to consumers.

MHDS NORTHERN ADVISORY BOARD

Kim Spoon, representative from the MHDS Northern Advisory Board, requested approval of Deanna Wright as a consumer member for the Northern Nevada Mental Health and Developmental Services Advisory Board.

MOTION: Dr. Richitt moved to approve Deanna Wright to the Northern Nevada Mental Health and Developmental Services Advisory Board, seconded by Dr. Nora. The motion passed unanimously.

Ms. Spoon reported that previously the Board expressed concern with the waiting lists with the current Rep Payee agencies. Ms. Spoon was pleased to announce that this problem has been solved, as a new agency - E & R Solutions is now a Rep Payee agency in the area and working to obtain their non-profit status to be paid by Social Security for the rep payee work. Stuart Gordon of Family Counseling Services has started a small program to perform rep payee services for the population in the area.

Ms. Spoon stated that at the last meeting, the Board discussed the President's New Freedom Commission on Mental Health. Ms. Spoon questioned whether the Commission was aware of the bill in Legislature.

Chair Ward stated that he was invited to testify for SB 301, which creates an entity that will examine how to implement the New Freedom Commission's recommendations in Nevada. Chair Ward stated that, in Senate Finance Committee hearings, there was support for creating a Commission to implement the recommendations.

MHDS SOUTHERN ADVISORY BOARD

Santa Perez, by computerized equipment, stated the developmental services —mental health proposed budgets for the next biennium were presented to the Board. There was an extended discussion about the number of patients in emergency rooms and the need for additional hospital beds. The need for a new psychiatric hospital was discussed and the need continues to be the number one priority on the Governor's Capitol Improvement Project. Fifty metro officers were trained on how to deal with people who receive services through the Division. The Advisory Board drafted a letter to the Legislature supporting an increase in the psychiatric observation unit beds, increase of hospital beds, mobile assessment teams, and funding the new hospital.

Chair Ward thanked Ms. Perez for her report.

Dr. Fricke requested that Dr. Peterson present her report next, as Dr. Fricke stated she needed to leave the meeting at 11:30 A.M.

MENTAL HEALTH CONSORTIUM UPDATES/EXECUTIVE SUMMARIES

Clark Mental Health Consortium

Dr. Christa Peterson distributed and reviewed the Clark County Children's Mental Health Consortium update. Dr. Peterson stated that the Clark County Children's Mental Health Consortium has met monthly since July 1, 2003. A workgroup of the Consortium has begun to develop the methodology for a broad survey of the mental health needs of the Clark County School District population for the Third Annual Plan. Dr. Peterson stated that they are following a bill as it progresses through the Legislature to change the due date of the Annual Plan required by NRS 433B. Dr. Peterson stated that the Consortium continues to work at the state level to improve service delivery model for

children's mental health. The Consortium is working with the Administrator of the Division of Health, Care, Finance and Policy (DHCFP) to create a state level task force to address the problems in obtaining timely eligibility determinations for Medicaid services. DHCFP has addressed several of the Consortium's 1st Annual Plan recommendations in their Behavioral Healthcare Redesign Proposal. The Consortium will be providing formal written comments on the proposed plan.

Dr. Peterson reported on the progress of the Local Action Steps. Local Action Step One was to create common geographical service areas across public agencies in Clark County and develop integrated service sites that are convenient for families and use the Consortium to develop other coordinating mechanisms between public agencies, community organizations and families. The Consortium has supported the development of five Neighborhood Care Centers and the expansion of these five centers to include Clark County Juvenile justice and Child and Family Services programs. The Consortium has developed five common geographical boundaries for Clark County and DCFS staff and are working with the School District to do the same. The Consortium has developed a brochure describing the neighborhood care centers. The plan is to expand neighborhood care centers so that many of the county and state social service agencies will be located together. In May, County and State child welfare, juvenile justice, and mental health staff will be co-located at two neighborhood sites, a third site is being developed. An interagency coordinating mechanism to plan and oversee this coordination has been implemented and is called the Neighborhood Center Administrative Team. Dr. Peterson stated that other action steps were highlighted in the Summary Report. Dr. Peterson distributed the brochure describing the five Neighborhood Care Centers preliminary outcome data, who is served, and partners in the project.

Dr. Fricke would like the Commission's letter of support to the Governor to be amended to include support for the Neighborhood Care Centers. Dr. Brandenburg stated that Neighborhood Care Centers are included in the Governor's Recommended Budget and suggested that individual Commissioners e-mail key legislators and express support for the Neighborhood Care Centers.

ACTION: Chair Ward will e-mail key legislators expressing Commission support of the Neighborhood Care Centers.

A break was granted at 10:55 A.M. The meeting reconvened at 11:10 A.M.

LEGISLATIVE UPDATE

Dr. Brandenburg briefly reviewed the following legislative bills:

- SB 327 gives the State flexibility to reduce the cost for prescription drugs. Dr.
 Brandenburg stated that there are a variety of bills being introduced regarding the
 creation of prescription drugs or recovery of prescription drugs.
- AB 156 removes and places certain provisions for the guilt of mentally ill that was deemed unconstitutional and reinserts the not guilty by reason of insanity plea. This bill will most likely pass through the session.

- SCR's 3, 4, 5 all pertaining to suicide prevention.
- SB 49 creates a statewide suicide prevention plan and establishes a statewide suicide prevention program.
- SB 133 corrects current language to allow MHDS to hire locum tenen psychiatrists.
- SB 90 will facilitate the sharing of information between Lakes Crossing Center and the Department of Corrections. This allows the Department of Corrections to share information with mental health agencies.
- SB 83 allows psychiatric nurses in rural Nevada to dispense medications under certain circumstances.
- AB 259 creates a statewide advisory committee on homelessness.
- SB 301 establishes a Nevada Mental Health Implementation Committee to review the New Freedom Mental Health Commission's recommendations and how to implement those recommendations.
- AB 238 establishes a Mental Health Court in Clark County.
- SB 42 enacts provisions pertaining to problem gambling.

Maggie Tracy updated the Commission on the following DCFS bills:

- AB 6 date change for the annual plan for the Mental Health Consortium.
- AB 25 amends provisions of public services changing for children.
- AB 132 allowing records to be presumably open unless requested to be closed.
- AB 365 a guardianship aging services bill minimal impact on DCFS.
- AB 381 the child death review team bill. This bill adds \$1 onto death certificates to fund the Child Death Review Team. This Team will review all death of children with special emphasis on deaths involving abuse.

DWTC INPATIENT SERVICES UPDATE

Dr. Elizabeth Tully stated that DWTC is operated by DCFS and includes a children's unit and adolescent unit. The children's unit has eight beds for ages 6-12 and is at capacity. These children have been admitted as they are severely mentally ill. The children's acute unit was scheduled to close April 1, 2003, but that closure has been postponed. Most of the children cannot function at school or at home and many have multiple diagnoses. Many children have been abused, neglected and abandoned. The most common diagnoses are mood and psychiatric disorders. Most of the children have been in multiple foster homes. Dr. Tully stated that DWTC has a staff to patient ratio of 3 to 1. DWTC provides a shadowing program including parenting education.

Dr. Tully stated that the average stay in the adolescent acute unit, for children over the age of 12, is two weeks to one month. Dr. Tully stated that there is no place to treat adolescent male sex offenders other than DWTC.

Dr. Tully states that DWTC treats individuals with no insurance, those that are under insured and the indigent. Dr. Tully stated that DWTC hopes to be able to continue to operate. Dr. Tully stated that they are understaffed and have had to keep the bed number low. Currently DWTC is at capacity with eight beds.

Dr. Nora commented that the greatest asset of DWTC is the qualifications of their staff.

It was discussed that the closure of the children's unit is still in the Governor's Recommended Budget.

DCFS BUDGET AND LEGISLATIVE UPDATE

Les Gruner stated that the DCFS budgets are in the process of being finalized with final budget hearings scheduled.

MENTAL HEALTH CONSORTIUM UPDATES/EXECUTIVE SUMMARIES

Rural Consortium

Carol Johnston stated that the Rural Consortium last met on January 30, 2003. The Consortium reviewed the Second Annual Plan submitted to the Legislature and reviewed the next steps to accomplish established goals. The Consortium is working to develop a coordinated and integrated behavioral health system in rural Nevada by building on the strengths of local communities. The Consortium recently recruited and hired four wrap around facilitators and training is in process. The facilitators are located in Fallon, Carson City (2), Elko and Silver Springs. Currently, 22 slots are being served increasing to 44 slots by July. The DCFS utilization review teams are continuing to make progress on reviews of children in custody in higher levels of care and reducing the levels as appropriate to contain costs and to provide community wrap around services and to prevent any escalations in care.

Ms. Johnston stated the early access and intervention teams have been established and implemented in the Carson City, Fallon and Elko offices. Since January approximately 25 children have been staffed at these teams and many have been diverted from having to come into out-of-home placement and have been referred to existing community or agency in-home service programs. The application for funding to support the integrated support team and to increase psychiatric services was submitted to the Children's Mental Health Block Grant and was granted. Through Rural Clinics agreements with two psychiatrists, service days will increase each month in Silver Springs, Fallon and Winnemucca.

Wrap around facilitators will be identified and expand resources in rural communities, educating community partners and parents, and providing wrap services to children in the custody of the Division, which will reduce the numbers of children in higher levels and expedite reunification and permanency planning.

Ms. Johnston reported that a member of Nevada P.E.P. has been appointed to the Rural Consortium. Nevada P.E.P. will provide parent training and education to families of children with behavioral health needs and community partners. Implementation will be coordinated with Family Resource Centers.

Ms. Johnston stated that the next meeting of the Rural Consortium would be held on April 15, 2003.

Washoe Consortium

Les Gruner stated that the Washoe Consortium last met on February 27, 2003 and identified the following work groups: Assessment; Survey; Family Empowerment; Memorandum of Understanding/Release of Information; and Grants.

Mr. Gruner stated that the next meeting of the Washoe Consortium was scheduled to focus on the following two issues: Assembly Bill #6 – amending the dates by which mental health consortia are required to prepare recommended annual plans and submit the plans to the Legislative Oversight Committee; and Medicaid's Behavioral Health Plan System Redesign – Nevada State Medicaid is proposing a major change to their system of care. The Washoe Consortium will discuss this redesign and provide feedback in writing to Medicaid. Mr. Gruner stated that the Consortium would hold a special meeting on April 29 to develop a response to Medicaid's redesign from the Consortium's standpoint.

HOPE UPDATE

Jim Osti reported that an evaluation project funded in the amount of \$500,000 was awarded to WestCare. WestCare has just passed the six-month mark for the actual implementation of the project. Mr. Osti reviewed the major goals for the project:

- 1) Complete a process assessment of individuals who are severely mentally ill, substance abusing and homeless and whether or not they have been impacted in a successful manner. The outcome evaluations, in conjunction with UNLV, in a research project, are to determine whether or not the program is successful in developing unique strategies for helping this difficult to treat population and determine whether or not the efforts are cost effective by applying intensive case management techniques; that there is a cost savings of funds that would normally be spent on acute care:
- 2) Develop interim reports. The 2nd Interim Report has been published and is available. The report is written partly by the WestCare staff and partly written independently by UNLV professors. Both groups agree that WestCare is making significant progress in treating this population.

There are 232 individuals through a pre-contact phase where individuals are provided a variety of food, hygiene products, bus tokens, shelter payments and various small items to help in their immediate need. Of those individuals, 132 were actually able to make a substantial contact to discuss entering into treatment. There are 63 individuals who are clients of the project, 47 are active and 16 are currently dropouts.

Mr. Osti stated that they would like to determine whether or not this project is cost effective. There are six case managers on two teams on call 24 hours a day, 7 days a week. This has been an effective way to intervene. Mr. Osti stated that they feel that they are improving a client's life function.

Mr. Osti stated that a report has been provided to MHDS and is available to the public. The HOPE Project will be submitting a final report. The Project is scheduled to finish at the end of June, however they hope to continue the project until mid-October with funding reserves.

ACTION: Dr. Brandenburg stated that his office is in the process of distributing copies of that report to Commissioners, Advisory Board Members, and Legislators.

A lunch break was granted at 12:00 noon. The meeting reconvened at 1:02 P.M.

RESIDENCY PROGRAMS UPDATE

Dr. Brandenburg stated that, due to budget cuts, MHDS was unable to keep the residency program in the budget. However, it appears that the Legislature, through the works of Senator Rawson, will be reinstating the Reno residency program into the MHDS budget. The program would be funded in the MHDS administration budget with MHDS oversight of the residency program. It is anticipated that a residency program in Las Vegas would begin in 2004 with actual residents beginning in 2007.

Upon questioning, Dr. Harold Cook stated that currently the contract with MHDS allows fourth year residents to work at NNAMHS, if funding is available. Currently, NNAMHS has two 4th year residents, one in outpatient and one in inpatient. Dr. Cook stated there is a good chance of recruiting the resident to stay at the facility, if there are vacancies. Dr. Cook stated that he hopes to hire, if there is a vacancy, the in-patient 4th year resident as the staff psychiatrist. The transition from 4th year resident to staff psychiatrist enhances the continuity of care.

Dr. Brandenburg encouraged Commissioners to e-mail Senator Rawson and Assemblywoman Leslie to express support for the residency program and emphasize the importance of the program.

INFORMATIONAL

Dr. Brandenburg briefly reviewed the following:

- Study of Suicide Prevention, LCB Bulletin No. 03-11. This is all the testimony that occurred during the past two years on Senate Concurrent Resolution 3.
- Suicide Prevention Research Center Grant Update. This is the grant Nevada received from the Center for Disease Control for the development of a Suicide Prevention Research Center. The university submitted an application and was awarded the grant. Dr. Brandenburg has served on the National Advisory Committee along with Dr. Albers. A meeting is scheduled for May 12, 2003 in Las Vegas. Dr. Brandenburg invited Commissioners to the meeting. Dr. Nora indicated that she would like to attend the meeting.
- Senator Raggio's correspondence to Chair Ward in response to the issues raised by the Commission.
- NASMHPD State Profile Highlights. The National Association of State Mental Health Program Directors has developed a document that shows the budget deficits being experienced, especially in mental health, in other states.
- Governor's Proclamation that May is Mental Health Month. Dr. Brandenburg stated that the various agency directors would be putting together open house/public

information to share with the community and make them aware of mental health issues.

 On May 8th, 9AM – 3PM, at the Sun Coast Hotel and Casino in Las Vegas in Ballroom C, the Nevada Disability and Advocacy Law Center along with the Division of MHDS will hold a one-day workshop on mental health diversions. Dr. Brandenburg stated that the workshop is free of charge and invited Commissioners.

STATUS OF SUICIDE RISK ASSESSMENT INFORMATION AS REQUESTED BY DR. ERIC ALBERS

Dr. Kevin Crowe stated that this is a project where the Commission requested information on suicide risk assessment and how they pertain to the occurrence of suicide. Dr. Crowe stated that they have identified a couple of ways to address the questions. Dr. Crowe stated that he would be meeting with the Division's doctoral intern, Gerald Chase, and Laura Valentine – program supervisor, to identify Mr. Chase's annual work plan. The second way to handle an information request is through Laura Valentine's annual report of "Serious Incident Occurrences" that is released each January/February for the preceding fiscal year.

Dr. Crowe stated that he would like a clear understanding of the specific questions. Dr. Crowe suggested that Commissioners provide specific research questions by e-mail.

Dr. Albers would like research on the various items used as part of an assessment tool for suicide and how those were weighed equally of importance. Dr. Albers stated that it would be nice to know if there are actual items on that assessment tool that weigh more than others and could provide an indication that suicide was eminent or possible.

Chair Ward stated that he would like a review of indicators to gage the merits of the indicators. Which indicators were prevalent among completed suicides?

Dr. Brandenburg informed Commissioners that the Coroner's Office would no longer be sharing any information with MHDS regarding suicides of current clients due to the new patient information law.

ACTION: Following discussion, Dr. Crowe will contact Dr. Albers to develop research questions. Dr. Crowe encouraged Commissioners and Agency Directors to e-mail him with specific research topics.

AGENCY DIRECTORS' REPORTS

Upon questioning by Dr. Richitt, Dr. Brandenburg, on behalf of Dr. Neighbors, stated that there has been a problem with transferring clients to Lakes Crossing from Clark County jails with serious medical conditions not being diagnosed and treated prior to transfer. Due to the nature of this issue, the National Center for Disease Control is currently involved. Dr. Brandenburg stated that they are trying to get the Division of Health to advise on how to proceed for serious medical issues not being dealt with prior to transfer. Dr. Brandenburg stated that they are in the process of dealing with this issue and a policy will be developed.

Dr. Nora expressed concern that the waiting list at Mojave had increased. Mr. Howie indicated that the waiting list has increased due to the population growth in the Las Vegas area and the facility cannot keep up with the increasing caseload with available staff. Mr. Howie reported that 100% of the 130 staff are HIPAA trained.

Dr. Buel stated while he understands the Commission's request the most recent data, it is almost impossible to report data four weeks prior to the Commission meeting. Dr. Buel reviewed the data reporting process for Rural Clinics. Dr. Buel stated that data from the clinics is received on the 5th of the following month - collect the data, prepare the data for the billing process, and then the reports are prepared at the end of the month.

Chair Ward stated that the Commission's intent was to have a singular snap shot and to have the most recent data available reported.

Dr. Crowe indicated that it is Division policy to have a 30-day lapse in which to obtain data, review, process, and prepare the report.

ACTION: Dr. Brandenburg stated that the agency report form would be amended to indicate "The Time Period Covered."

PUBLIC COMMENTS

There were no public comments.

STATEWIDE MEDICAL DIRECTOR'S REPORT

This item was postponed as Dr. Rosin was unavailable.

MHDS POLICIES

POLICY #4.053 – LOCUS/CALOCUS Assessment POLICY # 5.029 – Workplace Violence Prevention Program

Dr. Brandenburg requested approval of two new Division policies. Policy #4.053 is the LOCUS/CALOCUS assessment policy. It is a risk assessment policy. This is a result of Medicaid changing their procedures and MHDS is standardizing the risk assessment based on this standardized instrument. The LOCUS is for adults and the CALOCUS is for children and adolescents.

Policy #5.029 is the workplace violence prevention program policy. This is a policy as a result of the Department of Human Resources developing a policy for the Department. This is the Division version of the Department wide policy.

Upon questioning, Dr. Peterson will check on policies for DCFS. CALOCUS is only valid for children 5-17. DCFS has adopted the CALOCUS instrument for children under 5 years of age.

ACTION: Chair Ward requested that the Deputy Attorney research and report whether the Commission should be approving policies for DCFS.

MOTION: Dr. Greiner moved to approve Policy #4.053 and Policy #5.029 as presented, seconded by Dr. Albers. The motion passed unanimously.

A break was granted at 1:55 P.M. The meeting reconvened at 2:15 P.M.

Dr. Nora questioned if there was a computer software package available for staff training in the area of violence in the workplace to allow staff to obtain training at their own pace.

ACTION: Dr. Brandenburg will research the availability of a software package for staff.

MHDS/HEALTH DIVISION COOPERATIVE DATA SHARING PROJECT UPDATE

Dr. Kevin Crowe stated that there has not been much progress on this project. Dr. Crowe stated that he is working with the Health Division to provide the Commission with a sequence of topical analytical reports with data that MHDS sends to the Health Division. Dr. Crowe stated that there has been a delay in the program and difficulty in filing a bio statistician research position. Dr. Crowe stated that MHDS has a contractor ready to analyze the data when it is received from the warehouse.

ACTION: This item was placed on hold and Dr. Crowe will update the Commission when the position is filled and sufficient time passes to process the data.

EVIDENCE-BASED GRANT

Laura Valentine stated that on March 24 she submitted a grant to SAMHSA to look at evidence-based practices to determine what specific scientific research will lend itself to transfer over to a program to allow individuals to enter into with the best outcomes. Ms. Valentine stated that she applied for the following: medication management approaches in psychiatry, assertive community treatment, and supported employment. Ms. Valentine reviewed the implementation plan. If funded, MHDS intends to follow for July 2003 until June 2006. This would be three years worth of implementing the three evidence-based practices with the finalization determining how MHDS would support continuing these programs in Nevada without federal funding.

Ms. Valentine stated that in Clark County and in Northern Nevada, all three evidence-based practices will be administered, however, the Assertive Community Treatment will not be administered in the rural areas. The Supported Employment and the Medication Management will focus on the following rural areas: Carson and Douglas. Following this implementation, they will look at expanding into the other rural areas.

Upon questioning by Dr. Albers, Ms. Valentine stated that she received an implementation kit, which she was instructed to keep strictly confidential and send back with the application. The whole package dealt how they would tailor a curriculum specific to Nevada, how other states would help as resources, and specific fidelity

measures that the planning and evaluation units would have to undertake to ensure that the practice is followed.

Dr. Greiner questioned why Carson and Douglas were selected as rural areas and expressed concern why a more remote site was not selected. Dr. Greiner feels that the results of the study would change in rural areas east of Carson/Douglas. Dr. Greiner feels that the Carson/Douglas results will look very similar to Washoe. Dr. Greiner stated that things are very different in the eastern parts of Nevada and that could alter what services are required in the rural areas.

Ms. Valentine stated that the reason for selecting Carson/Douglas as far as the fidelity measures were concerned is that it would be easier to work with an intern to meet the federal standards before implementation throughout the state. Ms. Valentine stated that she understands Dr. Greiner's position and stated that when the funding is received there could be a discussion changing the site to a more rural area.

MHDS COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT CORE MONITORING REPORT

Dr. Crowe stated that this report has been mailed to Commissioners. Every five years the CMHS program is monitored and this report is a result of the most recent monitoring visit, conducted in May 2002. Dr. Crowe stated that MHDS is very proud of this report. This report shows that the federal government has seen Nevada change very quickly in the last five/six years. Nevada is now seen as a much more innovative state. The Mental Health Planning Council is regarded in this report as being dynamic, motivated and effective. There have been many positive changes to the Mental Health Planning Council. Dr. Crowe stated that the report also reviews the Division of Child and Family Services. Dr. Crowe indicated that the report was positive and accurate. The Council grants innovative funds and disperses approximately \$50,000 a year directly to consumers groups.

ACTION: Dr. Crowe stated that he would arrange for a PACT presentation at a future meeting.

Dr. Richitt questioned a statement in the report indicating that Nevada anticipates 25% of its population will be homeless at any given time during the year. What is that number based on?

Ms. Valentine replied that national estimates indicate that approximately 20%–25% of any population will be homeless at any given point, even if it is for one night.

Dr. Crowe stated that MHDS is anticipating funding for a Targeted Capacity Grant for response to bioterrorism for \$100,000 a year, for three years.

REPORT FROM MHDS COMMISSIONERS/ROUND TABLE DISCUSSION

Dr. Fricke stated that there is a concern amongst the consumers regarding early intervention. The First Step Program will be transferred to the Health Division and this could be a very difficult transition for the child and families. Dr. Fricke stated that the

parents of the Families for Effective Autism Treatment continue to lobby the State Legislature for Medicaid funding for early intervention autism treatment.

Ms. McCraw expressed concern regarding the lack of medical staffing for the new hospitals. The emergency room crisis continues for psychiatric patients.

Dr. Nora reported that there is a bill to create a certification board for problem gambling, but the final word from the Legislature is that there will be no new boards created. However, the certification board for problem gambling will be folded into another board. Dr. Nora stated that there was confusion when the guidelines for nurses dispensing the psychiatric medications were released. It has been clarified that clinicians have the final decision on medications.

Dr. Albers expressed concern regarding the pressures and stress of staff and the heightened caseloads of staff. Dr. Albers stated that there is a lack of resources and personnel that the mental health of the staff is vulnerable and needs to be taken care of.

Dr. Greiner complimented Rural Clinics for being flexible in moving two difficult positions to areas in order to have a better chance of being filled with a qualified individual.

Chair Ward stated that he sent out the Commission's Wish List to the Governor and Legislature, and appreciated Senator Raggio's response. Chair Ward stated that he would be testifying at the Legislature on the death penalty issue for mental retardation.

Chair Ward encouraged any Commissioner with a special interest in an area to notify staff and be available to testify at legislative hearings. Chair Ward encouraged Commissioners to get involved in the legislative process, as the Commission needs to be visible. Chair Ward stated that he is working with Jane Gruner at SRC for a cooperative supportive residence with parent coop involvement in creating and managing a supported residence for developmental disability clients. Chair Ward stated that this is a nationwide trend and he is very excited about it.

Chair Ward congratulated Dr. Fricke on receiving her board certification as an official sub-board certified developmental behavioral pediatrician.

Chair Ward closed the regular public meeting at 2:58 P.M.

Respectfully submitted,

Christina Harper Recording Secretary